

SEARCH COPY**PCT****REQUEST**

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/US 97/06831

International Application No.

(23.04.97)
International Filing Date

23 APR 1997

PCT INTERNATIONAL APPLICATION RO/US

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference

(if desired) (12 characters maximum) A1SCHWARTZ1

Box No. I TITLE OF INVENTION

SECURE POSTAGE PAYMENT SYSTEM AND METHOD

Box No. II APPLICANT

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Ascom Hasler Mailing Systems, Inc.
19 Forest Parkway
P.O. Box 858
Shelton, Connecticut 06484-0904
UNITED STATES OF AMERICA

☐ This person is also inventor.

Telephone No.

(203) 926-1087

Facsimile No.

Teleprinter No.

State (i.e. country) of nationality:

UNITED STATES OF AMERICA

State (i.e. country) of residence:

UNITED STATES OF AMERICA

This person is applicant
for the purposes of:☐all designated
States☒all designated States except
the United States of America☐the United States
of America only☐the States indicated in
the Supplemental Box**Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)**

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Schwartz, Robert
191 Lindon Avenue
Branford, Connecticut 06405
UNITED STATES OF AMERICA

This person is:

☐ applicant only☒ applicant and inventor☐ inventor only (If this check-box
is marked, do not fill in below.)

State (i.e. country) of nationality:

UNITED STATES OF AMERICA

State (i.e. country) of residence:

UNITED STATES OF AMERICA

This person is applicant
for the purposes of:☐all designated
States☐all designated States except
the United States of America☒the United States
of America only☐the States indicated in
the Supplemental Box☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.**Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒

agent

☐

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Yip, Alex L.
Attorney at Law
141-15 Hoover Avenue
Briarwood, New York 11435
UNITED STATES OF AMERICA

Telephone No.

(718) 297-8182

Facsimile No.

(718) 297-5218

Teleprinter No.

☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Brookner, George
11 Surrey Drive
Norwalk, Connecticut 06851
UNITED STATES OF AMERICA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

UNITED STATES OF AMERICA

State (i.e. country) of residence:

UNITED STATES OF AMERICA

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Eskandari, Fetneh
166 Dove Lane
Middletown, Connecticut 96457
UNITED STATES OF AMERICA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

IRAN

State (i.e. country) of residence:

UNITED STATES OF AMERICA

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Brown, Michael
84 Field Street
Norwalk, Connecticut 06851
UNITED STATES OF AMERICA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

UNITED STATES OF AMERICA

State (i.e. country) of residence:

UNITED STATES OF AMERICA

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Mechler, David
34 Quaker Farms Road
Oxford, Connecticut 06478
UNITED STATES OF AMERICA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

UNITED STATES OF AMERICA

State (i.e. country) of residence:

UNITED STATES OF AMERICA

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS

If none of the following sub-boxes is used, this sheet is not to be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Gardner, Gary (deceased)
c/o Gardner, Gaye
43611 Old Harbour
Bermuda Dunes, California 92201
UNITED STATES OF AMERICA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:
UNITED STATES OF AMERICA

State (i.e. country) of residence:
UNITED STATES OF AMERICA

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

Heroy, Douglas
P.O. Box 398
Meriden, New Hampshire 03770
UNITED STATES OF AMERICA

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:
UNITED STATES OF AMERICA

State (i.e. country) of residence:
UNITED STATES OF AMERICA

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (i.e. country) of nationality:

State (i.e. country) of residence:

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☐ AP ARIPO Patent: KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☐ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> LU Luxembourg |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> LV Latvia |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> MD Republic of Moldova |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> MG Madagascar |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> MN Mongolia |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> MW Malawi |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> MX Mexico |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> NO Norway |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CA Canada | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> CN China | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> GE Georgia | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> HU Hungary | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> IL Israel | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> IS Iceland | <input type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> US United States of America |
| <input type="checkbox"/> KE Kenya | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> KP Democratic People's Republic of Korea | |
| <input type="checkbox"/> KR Republic of Korea | |
| <input type="checkbox"/> KZ Kazakhstan | |
| <input type="checkbox"/> LC Saint Lucia | |
| <input type="checkbox"/> LK Sri Lanka | |
| <input type="checkbox"/> LR Liberia | |
| <input type="checkbox"/> LS Lesotho | |
| <input type="checkbox"/> LT Lithuania | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of _____

The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

Further priority claims are indicated in the Supplemental Box ☒

The priority of the following earlier application(s) is hereby claimed:

Country (in which, or for which, the application was filed)	Filing Date (day/month/year)	Application No.	Office of filing (only for regional or international application)
item (1) <u>US</u> UNITED STATES	<u>(23.04.96)</u> 23 April 1996	60/016,082	
item (2) <u>US</u> UNITED STATES	<u>(23.04.96)</u> 23 April 1996	60/017,911	
item (3) <u>US</u> UNITED STATES	<u>(23.04.96)</u> 23 April 1996	60/015,528	

Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):

☒ The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): (1), (2), (3) & (4)

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA / USPTO

Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request:

Country (or regional Office):

Date (day/month/year):

Number:

Box No. VIII CHECK LIST

This international application contains the following number of sheets:

1. request : 6 sheets
 2. description : 29 sheets
 3. claims : 22 sheets
 4. abstract : 1 sheets
 5. drawings : 6 sheets

Total : 64 sheets

This international application is accompanied by the item(s) marked below:

1. ☐ separate signed power of attorney
 2. ☐ copy of general power of attorney
 3. ☐ statement explaining lack of signature
 4. ☐ priority document(s) identified in Box No. I/1 as item(s):
 5. ☒ fee calculation sheet
 6. ☐ separate indications concerning deposited microorganisms
 7. ☐ nucleotide and/or amino acid sequence listing (diskette)
 8. ☒ other (specify):

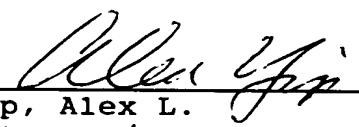
Check \$2,540

Figure No. 1 of the drawings (if any) should accompany the abstract when it is published.

Box No. IX SIGNATURE OF APPLICANT OR AGENT

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

By


 Yip, Alex L.
 Attorney/Agent
Reg. No. 34,759 44

For receiving Office use only

(23.04.97)

1. Date of actual receipt of the purported international application:

Rec'd PCT/PTO 23 APR 1997

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority specified by the applicant:

ISA / US

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

Date of receipt of the record copy by the International Bureau:

For International Bureau use only

Supplemental Box *If the Supplemental Box is not used, this sheet need not be included in the request.**Use this box in the following cases:***1. If, in any of the Boxes, the space is insufficient to furnish all the information:***in particular:*(i) *if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available:**in such case, write "Continuation of Box No. ..." [indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient;*(ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked:**in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below;*(iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America:**in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*(iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents:**in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*(v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "Continuation" or "Continuation-in-part":**in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*(vi) *if there are more than three earlier applications whose priority is claimed:**in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.***2. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty:***in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.*Continuation of Box No. VI

item (4)

~~UNITED STATES~~US⁴

03 May 1996

(03.05.96)

60/016,760

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

PCT/US 97/06831
International application No.

23 APR 1997

Date stamp of the receiving Office

Applicant's or agent's
file reference

A1 SCHWARTZ1

Applicant

Ascom Hasler Mailing Systems, Inc.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

230

T

2. SEARCH FEE

680

S

International search to be carried out by USPTO

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 64 sheets.

first 30 sheets

590

b₁

34

x

12

=

408

b₂

remaining sheets

additional amount

Add amounts entered at b₁ and b₂ and enter total at B

998

B

Designation Fees

The international application contains 4 designations.

4

x

143

=

572

D

number of designation fees
payable (maximum 11)

amount of designation fee

Add amounts entered at B and D and enter total at I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

1570

I

4. FEE FOR PRIORITY DOCUMENT 4 documents

60

P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P and enter total in the TOTAL box

2540

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ bank draft

☐ coupons

☒ cheque

☐ cash

☐ other (specify):

☐ postal money order

☐ revenue stamps

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ ☐ is hereby authorized to charge the total fees indicated above to my deposit account.

☐ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

Deposit Account Number

Date (day/month/year)

Signature